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## Health Features

October 25, 2007

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## The quest for the ultimate cure for addiction

By Alex Roslin

Could the root of an African shrub hold the key to getting millions of addicts off heroin, coke, and crack – oh, yeah, and cure alcoholism in its spare time? Can a single dose of an extract from the mysterious shrub's root bark be worth years on a therapist's couch?

Some of the answers may soon be found in a three-bedroom house on the Sunshine Coast. Tucked away there on a hill, with a stunning view of the ocean and surrounded by tall trees, is the Iboga Therapy House.

Forty years after globetrotting backpackers introduced a substance called ibogaine into the U.S. drug culture, the extract from western Africa's Tabernanthe iboga shrub has become an underground rage among drug-addled Hollywood celebs willing to plunk down between \$3,500 and \$10,000 for ibogaine treatment at any one of about a dozen unregulated clinics worldwide, including the one in B.C.

Because ibogaine is illegal in the U.S. – one of just three countries to ban the substance, along with Belgium and Switzerland – clients have to travel to clinics in countries such as Canada, Mexico, Costa Rica, and Slovenia for an "ibogaine experience".

Advocates liken the miracle drug – which can unleash a reality-shattering trip so powerful it has been described as "dying and going to hell 1,000 times" – to the Holy Grail of addiction cures, comparable in importance to the discovery of penicillin. Although ibogaine's alleged ability to quickly cure opiate addiction without withdrawal symptoms was discovered relatively recently, the substance has long been used in Gabon by hunters to stay alert and, in larger doses, in week-long sacred ceremonies in the Bwiti religion.

Yet despite the extraordinary claims about ibogaine's powers, a B.C. study launched last February is the first time the drug's therapeutic benefits for opiate addiction are being measured systematically in a public investigation. (Other clinics haven't released data.)

Preliminary results from the Sunshine Coast clinic have justified much of the hype. "I've witnessed people's lives being turned around," said Leah Martin, one of the study leaders. Of 20 pre-study clients who took ibogaine at the facility in 2004, 13 were found to be abstaining when evaluated later, after an average interval of six months. The abstainers included six out of seven cocaine or crack addicts, three of eight opiate addicts and four of five people with other addictions, including to meth and multiple substances.

With an overall abstinence rate of 65 percent, ibogaine does way better than the 10-percent average of conventional drug-treatment programs, Martin said. What's more, the clients at the B.C. facility are usually the hardest cases.

"People who contact the Iboga Therapy House have already done every type of program in their city and are scouring the Internet [for help]. They've been in detox multiple times and are highly resistant to other therapy. They say, 'This is my last hope,'" she said.

Ibogaine works in two ways. It eliminates cravings for heroin and other drugs in many people, but it also often works at a deeper level, getting them to revisit life experiences—good and bad—and helping many find ways to heal and ensure cravings don't come back. Scientists say it's like hitting a reset button for your brain. Traces of the drug remain in the body for up to six months, continuing to ward off addictive urges in unknown ways. "It truly is its own category [of drug]," Martin said. "Right after, it's common for people to say, 'Whoa, what was that?' But a month later, people might wake up and remember something and be able to move forward."

Ibogaine appears to work on "every neurotransmitter system we know about", Kenneth Alper, a psychiatry professor at New York University School of Medicine, told the Journal of the American Medical Association in a 2002 story on ibogaine. Alper, who is also a co-investigator in the B.C. study, has called the use of ibogaine "one of the biggest paradigm shifts regarding treatment for addiction in the span of my career".

In a testimonial on the Iboga Therapy House's Web site, one client says of the trip: "I pretty much died to my old self. I yelled, I kicked, I screamed (inside myself) but this new knowledge is too powerful to ignore." Says another: "I believe Iboga brings you into and through the land of the dead, to the land of the Gods."

The Georgia Straight connected with Martin early one morning near the end of her 8 p.m.-to-8 a.m. shift as a program worker at a Downtown Eastside residential detox centre run by the Portland Hotel Community Services Society. She spoke about her own ibogaine trip: "I felt as a facilitator I should know what it was like, to be able to relate."

An ibogaine experience usually lasts 24 to 36 hours, most of which is, typically, spent on your back because of impaired muscle coordination and perception. The first four hours usually involve plenty of vomiting, coupled with hallucinations and strange physical sensations. This isn't a drug for clubland.



Mark "Atmos" Pilon illustration

Little Mountain  
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Next is eight hours of what Martin called the "cognitive phase: the beginning stages of insights. You're remembering things or events. It tells a very interesting story of yourself and your life."

The intense visions are dreamlike, Martin said, but "if you find yourself in a vision you don't like, you can just open your eyes. There is a lot of randomness along with insights. It truly was a reflection of my mind and the things I obsess about. I laughed at myself a lot, realizing how ridiculous people can be."

This is the phase that can give people with addictions deep new insights into their troubles. "If you had trauma, people can relive that. After they're traumatized, sometimes they shut themselves off from the pain, and that's why they adopt certain habits. But to be able to see it in a healing way [with ibogaine] can be beneficial."

Then comes another 12 to 24 hours of "residual stimulation" as the person keeps dreaming but slowly comes down, often falling asleep.

Advocates say the drug isn't addictive itself partly because the trip is so hellacious. "It is not a recreational drug," said Rick Doblin, president of the California-based Multidisciplinary Association of Psychedelic Studies, which is helping to fund the Iboga Therapy House study. Doblin is also the principal investigator.

The ibogaine work is just one of MAPS's stable of groundbreaking research projects. The group is also funding the first-ever studies of therapy involving ecstasy, LSD, and magic mushrooms to deal with mental-health issues like posttraumatic stress, end-of-life anxiety, and obsessive-compulsive disorder. The U.S. studies all have an official okay from the U.S. Food and Drug Administration and even of the drug warriors at the Drug Enforcement Agency, and are attracting interest from the U.S. military for treating PTSD among Iraq vets.

Early results show ecstasy is not only safe for therapeutic purposes, but it can also help people who don't respond to conventional therapy or treatment with the pharmaceutical drugs normally given for posttraumatic stress: Zoloft and Paxil. Doblin described the ecstasy results as "dramatic"—far better than those from the standard treatments.

The work has still met ferocious resistance from the DEA, however. MAPS is battling the agency in court to get permission for scientists to grow marijuana in order to study its use for pain relief, control of nausea, and other medical purposes. Last February, a judge ruled in MAPS's favour, but the DEA has filed a series of objections, citing security concerns and likening Doblin to Colombian drug lord Pablo Escobar.

Speaking over the phone from his home in Boston, Doblin said he owes much of his doggedness and success to his own ibogaine trip in 1985, a year before he founded MAPS. "I feel it's been a major contributor to what I've been able to accomplish," he said, describing the experience as "lasting, powerful and very positive, although at the time it was horrendous".

Back then, already active in drug-policy reform, he said he suffered from a neurosis common to many activists—"a certain arrogance, that we know the better world". An underground therapist suggested ibogaine could help him grow personally and become a more effective activist.

Doblin took it one morning at the oceanfront house of a therapist, who stayed at his side. He lay in bed with his eyes closed all day, vomiting constantly, coughing and feeling like he was choking. The barf brought out complex emotions: "a line between self-criticism, self-perception, and self-hatred". He started to blame his intense nausea on his inability to just chill out and unwind. "I thought this was all my doing—that I couldn't relax. If only I was better, I could be a better tripper," he said. Then came realization: here was a metaphor for his struggles with his arrogance. "I was crucified on the cross of my own self-perfectionism," he said, laughing.

Twelve hours later, the stars came out, his guts relaxed, the upchucking stopped and everything got good. "I had one of the most blissful nights of my life. It felt like transcendence through exhaustion," he said. "I'm forever grateful for that experience. I think about it often."

The experience helped Doblin work out the arrogance thing; it also enabled him to develop the confidence to strike out and found MAPS. Yet he doesn't believe it's the easy wonder drug some suggest, and he supported the B.C. study partly because of the underground myths about ibogaine. "We've been deluded for a long time with the miracle-cure approach," he said.

One problem is many ibogaine clinics that offer the expensive treatment are happy to let potential clients believe it will solve all their problems, Doblin said. The clinics have little incentive to follow-up with clients or study the treatment's effectiveness, which, he said, is widely overestimated.

First off, he said ibogaine isn't for everyone. It requires one to be "open to the self-reflection that ibogaine permits. It takes a certain courage to go through an ibogaine experience." Even for these folks, he said, the trip has to be supported by aftercare and, possibly, a second dose.

There may also be safety concerns. About a dozen deaths have occurred during the 3,600 recorded ibogaine treatments that have taken place outside Africa since 1990. Advocates say pharmaceutical drugs also cause adverse reactions. Also, coroner reports in most of the cases placed the blame not on ibogaine, but on conditions like heart or liver disease and, in one case, a man choking on his vomit while eating a sandwich after the session had ended.

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Just the same, the Iboga Therapy House screens potential clients for several medical conditions like ulcers, liver problems, blood clots, and heart trouble. Patients start with a small test dose and are observed for an hour for adverse reactions before the rest of the gram-sized full dose is given.

Gone, however, are the halcyon days when the clinic used to offer free ibogaine. In 2005, its founder, Vancouver pot entrepreneur Marc Emery, ran out of cash to fund the facility, so it had to close. Last February, the clinic reopened with money from MAPS. It now hopes to become self-sustaining by charging \$4,700 for a five- to seven-day treatment session for dependence on heroin, methadone, and other opiates, cocaine, crack, or alcohol. (Shorter, cheaper sessions are also offered for spiritual or strictly therapeutic trips.)

Aside from the ibogaine, which the clinic buys for \$700 a dose from a distributor in Spain, the sessions include therapy, massage, acupuncture, mild yoga, and elements of the traditional Bwiti ceremony to set the mood for the ibogaine session. Only one client or couple stays at the house at any time, and staff are on hand around the clock to monitor them.

Doblin said the B.C. ibogaine clinic is inexpensive when compared to hospital programs. Besides that, the cost doesn't seem high compared to addiction's drain on people and society. Almost 10 percent of the B.C. government's budget is spent on substance abuse and problem gambling, according to a 2005 drug-policy report by the City of Vancouver. That report recommended alternative treatments for drug dependency, including the therapeutic use of psychedelic drugs like peyote and ayahuasca.

Although ibogaine wasn't mentioned specifically, Zarina Mulla, a city drug-policy planner and report coauthor, spoke enthusiastically about it in a phone interview from her office.

"It helps users analyze some of the issues behind the drug abuse. Perhaps this is the most important thing because you can relapse and go back to the drug," she commented.

Mulla said alternative approaches are vital at a time when the Harper government has announced a new Canadian drug policy modelled on the U.S. police-and-prisons approach, which she called "a failure... There's such a large amount of money for enforcement [in the Harper policy] and none for harm reduction and only a little for prevention and treatment."

Leah Martin, for her part, said she's not holding out hope for any federal funds for the ibogaine clinic. It did apply once, but was rejected. "They were looking for teens that do [drug-education] tables at raves. We were a bit too obscure for them. People generally don't know about [ibogaine]."

And in the current climate, that's not all bad. "We're lucky ibogaine is unscheduled [not banned] in Canada. We play our cards so we kind of stay off the radar."

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## Comments

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**scavok**

Thu, 2007-10-25  
16:35

**Rating: 0**  
4 votes

If these "cures" for addiction are so effective, why does a new one come along every few years (each one claiming to be the ultimate)? This one sounds absolutely hair-raising.

A drug like this could blow a vulnerable person to pieces. A great many addicts and alcoholics suffer from underlying issues like bipolar or personality disorders. Am I to believe that all these very serious medical/psychological problems (what the AA Big Book calls "grave emotional and mental disorders") will suddenly be permanently cured by dropping what sounds like a very expensive and toxic form of acid?

The last time I checked, tripping wasn't good for addicts. Neither are promises of one more quick fix that won't work any better than the last one. No, guys, you still have to do the work. There is no "easier, softer way".

**Agree** **Disagree**

**Marc Scott Emery**

Thu, 2007-10-25  
18:18

**Rating: +3**  
3 votes

I was responsible for dosing 65 patients with ibogaine hydrochloride for the purposes of reversing drug dependency for over 18 months. All the patients I saw had severe and long-term addiction problems with cocaine, heroin, morphine, amphetamines, crack cocaine and methadone (the nastiest of all of them, I found).

Immediately after administration of ibogaine, all patients showed short-term improvement, many improved permanently and to this day, and many have coped somewhere in between, improved lives but not abstinence, and with lapses at times.

Of the 65 individuals, I would have to say it was almost universal

that these individuals did not have their biological father in their lives for all or most of their childhood to adolescence. That was the striking universality of treating these individuals who are self-destructively using these substances, I found that "Daddy" issues are the paramount psychic wound that invites drug dependency.

Ibogaine hydrochloride is very safe, there were absolutely no health anomalies in all the time we worked at Iboga Therapy House 2002 - 2004 version. In fact, all the patients lives improved markedly, and their drug withdrawal and drug cravings were vastly curtailed upon administration of ibogaine.

The problem was in the patient's release to the world. Treating a substance dependent individual is futile if they are sent back to the same neighbourhood and in the same social milieu. They are sure to lapse then. They need a new environment with one person who can help them keep busy and away from temptation. Alas, most people I treated were at risk to themselves if they had more than \$10 in their hand. A substance dependent person has many triggers that set off a flush of mania for drugs and #1 is having money on your person, because now you can buy drugs. #2 is being in your neighbourhood you usually score in, #3 is ANY neighbourhood you can score in, #4 is hanging around with your friends (all whom likely are into the substance you must now distance yourself from).

So in order to give someone the best chance to get beyond substance dependency, the individual will need to:

- 1) live in a new neighbourhood
- 2) change partner or have no partner
- 3) get all new friends
- 4) get a new lifestyle, job or way of living

Or rephrased, stay away from all drug using friends and acquaintances, avoid all old scoring neighbourhoods, carry only \$5 with you for emergencies and have a trusted friend (not using) buy your daily essentials. Keep busy and have plans to keep very, very busy. Ibogaine treatment also reduces your need to sleep for more than 3 hours for 2 or 3 weeks afterward, so keeping busy is very important. Taking up physical exercise is so important in recovery, as is an greatly improved diet, these two are greatly underestimated and under-utilized by those recovering.

This is a necessary program of recovery, but it is very, very difficult, especially for people, who, after years of severe drug dependency, have burned all their bridges with family, friends, employers, etc.

[Agree](#) [Disagree](#)

#### John Burns

Thu, 2007-10-25  
18:57

**Rating: 0**

This reminds me that we ran a [lengthy health column](#) almost 5 years ago (!) quoting Marc Emery and discussing the Ibogaine Therapy House.

It makes for interesting reading to go back to now.

[Agree](#) [Disagree](#)

#### Peter OLoughlin

Sat, 2007-10-27  
06:05

**Rating: 0**

One is reminded of the claims made by Freud and other notable persons of the day, who claimed cocaine as a 'wonder drug', that could cure alcohol and morphine addiction. their views started an epidemic of cocaine addiction

The claims made in the article are based on anecdotal evidence, which has not been monitored, further the small number of subjects have not been compared with placebo treatments, or any randomised controls.

If the substance being promoted is as good as the proponents claim, it should in the interests of society be subjected to rigorous, independent, scientific trials.

[Agree](#) [Disagree](#)

#### sandra karpetas

Sun, 2007-11-04  
14:57

**Rating: +1**  
1 vote

I'd like to thank you for publishing an article about ibogaine. It is a relatively unknown therapy for chemical dependence and psychotherapy and informing people about its potential can be of great benefit to society. I do feel however that some clarity about its potential and about the Iboga Therapy House is needed.

I am the director of the Iboga Therapy House, a BC-based

non-profit society dedicated to exploring and facilitating the therapeutic use of ibogaine (a naturally occurring, plant-sourced alkaloid).

We offer a holistic, ibogaine-assisted detoxification program to help facilitate recovery from dependence to chemical substances as well as a safe setting for personal psychotherapeutic explorations. We have over 50 members in our organization, a board of directors and qualified staff including a nurse, 2 emergency medical technicians, substance counselor and experienced facilitators. We operate our program as a non-profit business and also rely on the donations of individual supporters and grants from other organizations.

We understand addiction and chemical dependence to be a complex, multifaceted issue and believe that treatment should be accessible to individuals in a varied range of models and options that may suit their individual needs as every individual is unique and faces different issues. We consider ibogaine therapy to be yet another innovative option that can be integrated into the existing system of addictions services as a sort of intermediary detoxification program that may then lead to other long term treatment programs and recovery options. To this aim, we accept and provide referrals to and from other complementary programs and treatment facilities. We do not advocate that ibogaine therapy alone can cure drug addiction.

We support our clients in striving toward and reaching their own recovery goals from a holistic, non-judgmental perspective. Our aim is to provide a service that may help to facilitate recovery whether this means prolonged abstinence, reduced use, less problematic use, the reduction and attenuation of withdrawal symptoms from the tapering down of legally available pharmacotherapies such as methadone and/or the healing of deeper personal issues that surround dependence.

Ibogaine used in a safe, ethical, informed and conscientious manner can provide an experience that has significant therapeutic potential but "miracle cure" is not a very credible or effective description of its properties, effects, risks and benefits. It would be more effective to say that ibogaine therapy can be a potent aid or tool in recovery and healing than to lead people to assume that an ibogaine experience alone will solve a person's issues surrounding their dependence and "cure" them.

Ibogaine is not a regulated substance in Canada, though it would be of great benefit to conduct more research into its therapeutic potential as a natural health product used within a specific therapeutic framework or model. A wealth of research has already been published including 2 literature reviews, pharmacology and metabolism studies, and phase 1 of a clinical trial that began in the U.S. but was never completed due to lack of funding. Anecdotal reports from those who have tried ibogaine therapy are many and attest to varying degrees of efficacy in different settings.

We are working on a therapy model specific to ibogaine and are collecting a wealth of data regarding its potential uses, effects, side effects, risks and longer term effects. Our model includes and builds upon an open sourced manual for therapy that is collectively informed by various ibogaine therapy providers around the world. We also draw upon best practices in Canadian drug treatment models including ethical standards, informed consent and the principles of harm reduction and health promotion. Our goal is to provide a model that can lead towards the legitimization and regulation of ibogaine therapy in Canada and therefore add to and complement the existing range of therapy options currently available to drug users who are actively seeking recovery.

Although ibogaine is a very potent tool in assisting the recovery process, the deeper personal work that is inherent and required in any effective healing modality must still be done by the individual over the long term. Reports from our clients and others who have tried ibogaine therapy attest to its ability to facilitate a cathartic subjective experience that generates greater awareness of what sort of work needs to be done without the physical pain, fear and anxiety that many people normally face during the detoxification and recovery process. Individual experiences are as multifaceted and varied as the individuals who choose to explore this innovative form of therapy.

We do not consider its psychological effects to be of a hallucinatory nature but rather a sort of visionary state that assists in the reconsolidation of learned information and memory. Similar

to the subconscious deep dreaming process, but in a wakened, conscious and often lucid state. It has been termed an "oneirogen; a substance that elicits a waking dream-like phenomenon without loss of consciousness or change in the perception of the environment or any illusions or formal deterioration of thought and without depersonalization. A state also known as Oneirophrenia: From the Greek words "oneiros" (dream) and "phrenos" (mind).

On a physical level, a single ibogaine dose significantly (and often completely) removes opiate and stimulant withdrawal symptoms as soon as it starts to take effect. The longer acting metabolite also reduces cravings and elevates mood for periods of time afterwards (how long it does this seems to be dependent upon individual metabolism and other factors).

All of these elements combined can provide "a window of opportunity" from which a person can then work towards improving their life in numerous ways and gain increased health, resilience and self-understanding.

Access to aftercare, residential treatment and day programs, effective pain management options, harm reduction therapy counseling, moderation management support, healing modalities such as acupuncture and nutritional therapy, group support options such as AA/NA, SMART or Rational Recovery, and perhaps most importantly, education is essential.

We are currently aiding the Multidisciplinary Association for Psychedelic Studies (MAPS; a non-profit 501c3 organization in the U.S.) in conducting the first ethically approved, long-term observational case series study of ibogaine therapy's effectiveness in facilitating recovery from opiate dependence. People who receive ibogaine therapy for opiates through our program at the Iboga Therapy House have the option of participating in the MAPS study (conducted via monthly telephone interviews with Leah Martin for one year afterwards) if they voluntarily consent to do so. This post-ibogaine observational case study is conducted and funded by MAPS but participation in the Iboga Therapy House detoxification program is paid for by the clients themselves.

We hope that the data collected by this study will help us to gain better insight into its healing potential and lead towards a rational framework for further employing its benefits in therapy for chemical dependence.

For more information about the Iboga Therapy House see our website: [www.ibogatherapyhouse.net](http://www.ibogatherapyhouse.net)

For more information about the MAPS ibogaine study see: [www.maps.org/ibogaine](http://www.maps.org/ibogaine)

Sandra Karpetas  
Program Director  
Iboga Therapy House

32

Wed, 2008-07-09  
14:20

Rating: 0

Of all the people I would trust for an unbiased opinion on drug addiction, Marc Emery would be the last.

bartblack07

Sun, 2008-10-19  
12:09

Rating: 0

This seems like an interesting new discovery. I wonder if this is a substitute for another drug. I think that more medical research is needed in order for anyone to form an accurate opinion about it. There seems to be so much out there that claims to help addiction and ends up getting people addicted to taking something else. I would also think that maybe this is the type of thing that can only found out through experience.

Narconon VistaBay

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